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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744198 (3)
1. Corporation Name
BIRD BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business 606 BIRD BAY DRIVE, SOUTH VENICE FL 34282 US	Mailing Address 606 BIRD BAY DRIVE, SOUTH VENICE FL 34282-1282 US
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3. Date Incorporated or Qualified 09/07/1978	3a. Date of Last Report 02/26/1996
4. FEI Number 59-1936377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
ARGUS PROPERTY MGMT, INC
2100 CONSTITUTION BLVD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name ADVANCED MANAGEMENT, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 899 WOODBRIDGE RD
83
84 City VENICE
85 Zip Code FL 34293

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE G. Michael Martinello, Managing Agent DATE 1-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOHR, DOROTHY	
STREET ADDRESS	808 SAINTCLAIR CIR	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOLINGER, JOHN	
STREET ADDRESS	826 SAINTCLAIR CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHUFFLEBARGER, VIRGINIA	
STREET ADDRESS	654 BIRD BAY CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLASKO, FRANK	
STREET ADDRESS	611 WHITE PINE TREE ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, LARRY	
STREET ADDRESS	732 BIRD BAY DRIVE WEST	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, FRANK	
STREET ADDRESS	618 BIRD BAY DRIVE, S	
CITY-ST-ZIP	VENICE FL 34282	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	MPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUNG SEIBENT	
1.3 STREET ADDRESS	988 BIRD BAY WAY	
1.4 CITY-ST-ZIP	VENICE, FL	
2.1 TITLE	Mary Deibel VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Deibel	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	VENICE FL	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUNG SEIBENT	
3.3 STREET ADDRESS	988 BIRD BAY WAY	
3.4 CITY-ST-ZIP	VENICE FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FLORENCE KROMPIN	
4.3 STREET ADDRESS	841 WATERSIDE DR.	
4.4 CITY-ST-ZIP	VENICE FL	
5.1 TITLE	A.W. BURGER (SEC)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	A.W. BURGER (SEC)	
5.3 STREET ADDRESS	638 BIRD BAY DR. EAST	
5.4 CITY-ST-ZIP	VENICE, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ann Thurston	
6.3 STREET ADDRESS	629 White Pine Tree Rd	
6.4 CITY-ST-ZIP	VENICE FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ambrose W. Guller DATE: 4-4-97 485-2663

CPRE037 (9/96)